

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> C C00489799 </div>	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 10px;">MM / DD / YYYY 10 / 31 / 2016</div> </div>	

Full Name of Payee Bend the Arc Jewish Action, Inc.			Date of Public Distribution/Dissemination		
Mailing Address 330 Seventh Ave., 19th floor			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 10px;">MM / DD / YYYY 10 / 30 / 2016</div> </div>		
City New York	State NY	Zip Code 10001	Amount <div style="border: 1px solid black; padding: 2px 10px; text-align: right;">5411.00</div>		
Purpose of Expenditure Canvassing-Estimated costs		Category/ Type <div style="border: 1px solid black; padding: 2px 10px;">003</div>	Transaction ID : B634641 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 10px;">MM / DD / YYYY 10 / 30 / 2016</div> </div>		
Name of Federal Candidate Clinton, Hillary, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px 10px; text-align: right;">3901283.55</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

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Mailing Address 330 Seventh Ave., 19th floor			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 10px;">MM / DD / YYYY 10 / 30 / 2016</div> </div>		
City New York	State NY	Zip Code 10001	Amount <div style="border: 1px solid black; padding: 2px 10px; text-align: right;">5411.00</div>		
Purpose of Expenditure Canvassing-Estimated costs		Category/ Type <div style="border: 1px solid black; padding: 2px 10px;">003</div>	Transaction ID : B634636 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 10px;">MM / DD / YYYY 10 / 30 / 2016</div> </div>		
Name of Federal Candidate Cortez-Masto, Catherine, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px 10px; text-align: right;">1910174.13</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px 10px;">10822.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px 10px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px 10px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hubbard, Tshombe, , ,

[Electronically Filed]

Date

MM / DD / YYYY
01 / 27 / 2017

Signature